

FORM BA-6 ADDRESS REPORT

(SEE INSTRUCTIONS FOR COMPLETING AND MAILING THIS FORM ON REVERSE SIDE)

The information specified on this form, which is required by law under Section 7(b)(6) of the Railroad Retirement Act and Section 209.12 of the Code of Federal Regulations, will be used by the Railroad Retirement Board to mail to the employees of your company Form BA-6, Certificate of Service Months and Compensation. Failure to report or the making of a false or fraudulent report may result in a fine of not more than \$10,000.00 or imprisonment for not more than five years, or both.

1. Employer Name					2. Employer Number T/P 101-104		
3. Social Security Number	4. Initials	5. Last Name	6.a. Street Address	6.b. Street Address	7. City	8. State	9. Zip Code
T/P 1-9	10-11	12-25	26-50	51-75	76-93	94-95	96-100
10. SIGNATURE				TITLE		DATE	

## INSTRUCTIONS

This report is to be submitted annually and is due no later than April 1 of the year following the reportable calendar year. Mail the report to the **CHIEF OF EMPLOYER SERVICE AND TRAINING, OFFICE OF PROGRAMS, ASSESSMENT AND TRAINING, 6TH FLOOR, RAILROAD RETIREMENT BOARD, 844 NORTH RUSH STREET, CHICAGO, ILLINOIS 60611-2092**. No report is required if the employer has previously furnished home address information for *all* persons employed in the reportable calendar year. Address information is required only for employees for whom the employer has not previously furnished address information.

### Item

1. Enter the Employer Name.
2. Enter the four-digit BA number which is assigned to the employer by the Railroad Retirement Board.
3. Enter the employee's social security number.
4. Enter the first and middle initials of the employee's name.
5. Enter the employee's last name. The employee's last name should not exceed 14 spaces.
6.
  - a. Enter the first line of the employee's street address. The street address should not exceed 25 spaces.
  - b. Enter the second line of the employee's street address, if needed.
7. Enter the name of the city. The city's name should not exceed 18 characters.
8. Enter the two-letter abbreviation of the state.
9. Enter the five-digit zip code.
10. Sign your name, give your job title, and then date.

We estimate this form takes an average of 30 minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing completion time, to CHIEF OF INFORMATION MANAGEMENT, RAILROAD RETIREMENT BOARD, 844 N RUSH STREET, CHICAGO, IL 60611-2092 **and** to the OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (3220-0194), WASHINGTON, DC 20503. Please do **not** return this form to either of these addresses.